

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-873)						SERIAL NO. 10/070093	FILING DATE		
						APPLICANT(S)			
3-16-05 CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			1
3						53			10
4						54			10
5						55			1
6						56			1
7						57			3
8						58			1
9						59			1
10						60			1
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
17						67			
18						68			
19						69			
20						70			
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22						72			
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36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.						TOTAL IND.			4
TOTAL DEP.						TOTAL DEP.			10
TOTAL CLAIMS						TOTAL CLAIMS			14

Best Available Copy